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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

- G. therapeutic support of foster care provided by a county board, or provider under contract to a county board, or an IHS or 638 facility if the county board or provider is not capable of providing all the components noted on pages 17x-17y;
- H. therapeutic support of foster care provided at the same time by more than one mental health professional or mental health practitioner unless prior authorization is obtained;
- I. therapeutic support of foster care to a foster family that duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

- 1) up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is:
  - a) being phased out of day treatment services and phased into therapeutic support of foster care; or
  - b) being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit;

- 2) if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for medical assistance payment during the period the child receives therapeutic support of foster care.

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services.

J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.

C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

- D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional.

7. Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) and provided by school districts to children during the school day.

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

- A. a personal care assistant does not have to meet the requirements of pages 78-78a and need not be an employee of a personal care provider organization;

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

- D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
  2. Developed with assistance from recipients' families or legal representatives; and
  3. Supervised by a mental health professional.
7. Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children during the school day.
- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:
    - A. a personal care assistant does not have to meet the requirements of pages 78-78a and need not be an employee of a personal care provider organization;

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4.b. Early and periodic screening, diagnosis, and treatment services:  
(continued)

- B. assessments, reassessments and service updates are not required;
  - C. Department prior authorization is not required;
  - D. a physician need not review the IEP;
  - E. a personal care assistant provides services under the direction of a qualified professional or a physician, as designated in the IEP;
  - F. service limits as described in this item do not apply; and
  - G. PCA Choice is not an option.
- To receive personal care assistant services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

13.d. Rehabilitative services. (continued)

- **Mental health community support services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner defined on pages 54l-54m under the clinical supervision of a mental health professional.

The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

The following are eligible to provide mental health community support services:

1. An entity certified by the Department and operated by a county.
2. An entity certified by its host county.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 (formerly Title III of P.L. 93-638), operating as a 638 facility.

**Provider Qualifications and Training**

1. A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
2. A mental health rehabilitation worker must:
  - A. Be at least 21 years of age;
  - B. Have a high school diploma or equivalent;

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13.d. Rehabilitative services.

**Rehabilitative services** are limited to:

- (1) Except as otherwise noted, services provided under the recommendation of a physician. The therapeutic treatment must be a part of the recipient's plan of care; and
- (2) Services that are medically necessary and the least expensive, appropriate alternative.

**Mental health rehabilitative services** are the following:

- Coverage of **day treatment services for mental illness** is limited to:
  1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience.
  2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.
  3. Services provided in or by one of the following:
    - A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
    - B. Community Mental Health Center;
    - C. County contracted day treatment provider.
  4. Services provided up to 15 hours per week.

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13.d. Rehabilitative services. (continued)

- C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and
- D. Meet the qualifications in (1) or (2) below:
  - (1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:
    - (a) Have three years of personal life experience with serious and persistent mental illness;
    - (b) Have three years of life experience as a primary caregiver to a person with a serious mental illness or traumatic brain injury; or
    - (c) Have 4,000 hours of supervised paid work experience in the delivery of mental health services to persons with serious mental illness or traumatic brain injury; or
  - (2)
    - (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 50 percent of the mental health rehabilitation worker's clients belong;
    - (b) Receive monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;



13.d. Rehabilitative services. (continued)

- (c) Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;
  - (d) Have review and cosignature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and
  - (e) Have 40 hours of additional continuing education on mental health topics during the first year of employment.
- E. Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services and other areas specific to the population being served.

**Components of Mental Health Community Support Services**

A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following two components:

1. Basic living and social skills, which may include:
  - A. Communication skills.
  - B. Budgeting and shopping skills.
  - C. Healthy lifestyle skills.
  - D. Household management skills.
  - E. Transportation skills.

13.d. Rehabilitative services. (continued)

F. Medication monitoring.

G. Crisis assistance skills, including relapse prevention skills and developing a health care document.

2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

A physician, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as mental health community support services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services.